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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Uganda
Support for a comprehensive population programme

Proposed UNFPA assistance:	$14 million, of which $8 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $6 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1993
Executing agencies:	Government of Uganda United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance and Economic Planning

Uganda

Demographic facts

Population (000)	
Total	17,560
Males	8,719
Females	8,841
Sex ratio (/100 females)	98.6
Urban	1,960
Rural	15,600
Per cent urban	11.2
Population in year 2000 (000)	23,401
Functional age groups (%)	
Young child: 0-4	20.0
Child: 5-14	28.3
Youth: 15-24	19.5
Elderly: 60+	4.1
65+	2.5
Percentage of women aged 15-49	43.5
Median age (years)	15.8
Dependency ratios: total	103.2
(/100) Aged 0-14	98.1
Aged 65+	5.1
Agricultural population density (/hectare of arable land)	3.1
Population density (/sq. km.)	74

Average annual change (000)	
Population increase	569
Births	968
Deaths	399
Net migration	0
Annual population total (% growth)	3.00
Urban	5.33
Rural	2.35
Crude birth rate (/1000)	51.0
Crude death rate (/1000)	21.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.30
Contraceptive prevalence rate (% 15-44)	5
Gross reproduction rate (/woman)	3.60
Net reproduction rate (/1000)	2.40
Infant mortality rate (/1000	104
Maternal mortality rate (/100,000)	300
Life expectancy at birth (years)	
Males	40.8
Females	42.9
Both sexes	41.8
GNP per capita (U.S. dollars, 1990)	220

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $14 million, of which $8 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1993, to assist the Government of Uganda in achieving its population and development objectives. UNFPA would seek to provide the balance of $6 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is UNFPA's third cycle of assistance to Uganda, a priority country for UNFPA assistance. Jointly developed by the Government and UNFPA, the programme takes into account the provisions of: (a) the Uganda National Rehabilitation and Development Plan (NRDP) 1991/92-1994/95; (b) ongoing efforts to formulate and implement a comprehensive national population policy and programme; (c) experience from the second UNFPA cycle of assistance (1988-1992); (d) UNFPA's 1991 mid-term review; (e) recommendations of the UNFPA-supported Programme Review and Strategy Development (PRSD) mission to Uganda in 1992; and (f) the Strategy for UNFPA assistance to Sub-Saharan Africa (DP/1987/37). The proposed programme also complements programmes and plans of other external assistance agencies and organizations, such as the United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), World Health Organization (WHO), United States Agency for International Development (USAID), and British Overseas Development Agency (ODA).

3. The proposed four-year programme would support the Government in its efforts to attain the following goals by the year 2000: (a) reduce the infant mortality rate from 110 per 1,000 live births to 80 per 1,000 and the maternal mortality rate from 500 per 100,000 live births to 300 per 100,000 births; (b) increase immunization coverage for children under two years from 33 per cent to 80 per cent; (c) increase the contraceptive prevalence rate from 5 per cent to 20 per cent; (d) increase the percentage of supervised deliveries from 38 per cent to 76 per cent; (e) enhance the health and socio-economic status of women and adolescents through improved and expanded maternal and child health and family planning (MCH/FP) services and population information, education and communication (IEC); (f) enhance national expertise in planning, formulating, implementing and managing population policies and programmes; and (g) improve the balance between population growth and available national resources.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. Preliminary results of the 1991 population census reveal that Uganda has a total population of 16.7 million, with an average growth rate of 2.5 per cent a year from 1980 to 1991.* If this rate

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* The results of the 1991 census differ from United Nations projections, which are provided on p. 2 of this report. For the sake of consistency, the demographic data presented in paragraph 5 are government figures.

of growth continues, the population would double in 28 years. The 1990 crude death rate was 20.5 per 1,000; the crude birth rate was 53 per 1,000; and the total fertility rate was 7.2 children per woman -- one of the highest rates in sub-Saharan Africa. Life expectancy was 42.6 years. The high fertility is attributed to the tradition of early, stable, universal and monogamous marriages and short birth intervals, averaging 10 months among a large proportion of women (according to the 1988 Uganda Demographic and Health Survey). According to the same survey, only 5 per cent of women (15-49 years) were using any form of contraception, although 81 per cent of women knew of family planning, and 74 per cent knew of at least one method. Male use of contraception was low; 40 per cent of husbands disapproved of family planning.

6. Socio-economic conditions. The period 1971-1986 was marked by economic decline caused by the outbreak of civil strife and a resultant collapse of the economy. Since 1986, the current Government has launched a series of emergency programmes aimed at promoting economic rehabilitation and restoring financial stability. However, economic productivity still falls far below capacity.

7. During the 1960s, Uganda had one of the best health care delivery systems in sub-Saharan Africa. Malaria and other epidemic diseases had been brought under control. However, with prolonged civil strife and destruction of the health infrastructure, the delivery of health services deteriorated considerably. Already difficult health conditions have been compounded by the outbreak of acquired immune deficiency syndrome (AIDS). The sero-positive human immunodeficiency virus (HIV) rate is 11 per cent, and there are about 34,000 recorded cases of AIDS. This situation is of extreme concern to the Government owing to the disastrous impact it has on the country's human resources. Even so, if the AIDS epidemic is not contained and the sero-positive rate were to increase to 20 per cent, the population would still increase to 29.6 million in 2011 from its present level of 16.7 million if current fertility levels are maintained. If the spread of AIDS is brought under control, population growth would be even higher unless contraceptive prevalence rates are increased drastically and the total fertility rate declines substantially.

8. The Ministry of Health estimates that, at present, only 30 per cent of the population are covered by health services, and only 12-15 per cent of the rural population have access to safe drinking water. The physician-population ratio is approximately 1:23,000. Of an estimated 200 health units that currently provide family planning services, only 76, located in the 13 districts receiving UNFPA support, offer all family planning methods daily.

9. The primary school enrolment rate is 79 per cent for boys and 63 per cent for girls. There is a tendency to delay schooling for a girl until the next sister is able to look after younger siblings. Owing to the high cost and inadequate infrastructure, secondary school enrolment for both sexes is low: 17 per cent for boys and 10 per cent for girls at the lower secondary level, and 6 per cent for boys and 2 per cent for girls at the upper level.

10. Despite efforts to improve women's health conditions and their educational and employment opportunities, sociocultural barriers to their advancement persist, among them early age of marriage, universal marriage, short birth intervals and pro-natalistic attitudes -- all of which encourage high fertility with its attendant risks. Data indicate that the incidence of maternal morbidity and mortality is increasing, and fertility-related problems are increasingly afflicting the 15-19 age group. Uganda lacks an official policy to deal with this age-cohort as a high-risk group.

11. Government positions on population matters. The Government has expressed keen interest in the relationship between population and economic development issues, especially concerning mortality and the provision of basic services. These concerns are reflected in the NRDP's population-related goals, which

include the formulation of an explicit population policy, the strengthening of MCH/FP services, the expansion of family life IEC activities, and the enhancement of women's health conditions and socio-economic status. In addition, the Government recently developed an MCH/FP programme for 1991-2000, with the objectives stated in paragraph 3.

12. Uganda's arrangements for decentralized development activities include the establishment of Resistance Councils (RCs) at various local levels for planning and implementing development programmes. With UNFPA assistance, 11 of the 38 districts have appointed a District Population Officer (DPO) who, inter alia, advises the Chairman of the RC and the District Administrator on population issues, thus affording an opportunity for the integration of population factors into development policy formulation and planning at the district level and beyond.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Before the first country programme of 1985-1989, UNFPA's assistance to Uganda was provided on a project basis, covering vital statistics, IEC, population policy development and demographic training. Unfortunately, activities were disrupted by civil strife. The first country programme aimed at building necessary institutional capacities in the identified sectors and at laying the groundwork for a more comprehensive programme. The areas assisted were: analysis of data from the 1980 population census; establishment of demographic training at Makerere University; formulation of a population policy; strengthening of population and family life IEC; improvement of MCH/FP services; and enhancement of the status and role of women and youth. Major accomplishments were the processing of the 1980 census data, the introduction of the teaching of population studies and the strengthening of the MCH/FP Unit of the Ministry of Health. However, due to political and economic upheaval, few of the objectives could be fully realized. Consequently, of the total allocation of $3.4 million, only $700,000 was expended.

14. In 1988, the Governing Council approved the UNFPA second country programme (1988-1992) for $16 million, including $1.7 million in multi-bilateral sources, to assist the Government in achieving a reasonable balance between population growth, national development and available resources via the formulation of an explicit population policy and the integration of population factors into development planning. Due to budgetary constraints, the programme was implemented initially in 13 of the country's 33 districts (now 38), covering 40 per cent of the population.

15. A review of the programme in mid-1991 found that, despite considerable progress in developing the institutional framework for programme planning and implementation and for policy formulation, family planning service delivery lagged behind IEC services; the overall health rationale of population programmes had been insufficiently emphasized; and the country's declining economy had constrained the Government from providing full and timely counterpart contributions. The estimated total expenditure by the end of 1992 was $15 million.

Maternal and child health and family planning

16. UNFPA assistance to the MCH/FP sector aimed at promoting acceptance and strengthening delivery of MCH/FP services through the training of health personnel and the provision of equipment and contraceptive commodities necessary to develop a family planning service delivery network with 76 service delivery points located in 13 districts. The strategy entailed promotion of services through mass media and health personnel. Indispensable complementary assistance for the training of family planning service providers and for the rehabilitation of the health units was expected from USAID and the World Bank. Neither input

was received, due to economic and political factors. Beginning in 1991, UNFPA support was reprogrammed to address the acute shortage of trained family planning service providers and the dilapidated state of health units. Consequently, family planning services became available in the designated 76 service delivery points only late in the programme period. It is not yet possible to assess their performance. A positive sign, however, is that promotional activities appear to be generating demand. Family planning is being provided, with other sources of support, on an ad hoc basis in an estimated 124 health units throughout the country.

17. In addition, under the UNFPA programme, 1,683 traditional birth attendants (TBAs) (against a target of 1,200) and 1,120 community health workers have been trained in family planning. Six district medical officers have been trained at the master of public health level and have assumed responsibility for managing the district family planning programme. In addition, IEC materials have been developed, and MCH/FP equipment has been provided to the 76 units. To complement MCH/FP activities, additional support was provided to promote Safe Motherhood practices by increasing the number of pre- and postnatal services in eight districts. In each parish, two pregnancy monitors were trained and, with the active participation of the communities, maternity centres to accommodate at-risk pregnant women were established close to health centres.

18. Assistance was provided for AIDS prevention and control as an integral part of MCH/FP. Various categories of health workers deployed in the 13 districts were trained to increase awareness among women. To further strengthen the monitoring of family planning service delivery, a health information system was initiated. Contraceptives were provided to enable the Government to meet demand at all service points offering family planning. WHO assisted in executing these activities.

19. The main difficulties were the acute shortage of trained family planning service providers; damaged infrastructure; the lack of baseline data for target setting, planning and evaluation; weak service statistics system; over-ambitious goals; weak managerial and supervisory mechanisms; and insufficient focus on population IEC.

Information, education and communication

20. UNFPA provided support to interrelated IEC activities aimed at creating demand for family planning and promoting positive attitudinal changes towards smaller family size. Assistance was directed to gathering sociocultural data relevant for developing appropriate messages in participating districts; to publicizing family planning and population issues via the mass media; and to sensitizing workers and their families in family planning issues. In addition, the assistance also permitted the training of 14 labour officers and 12 agricultural extension workers in communicating population and family life IEC messages, and of several information officers in message development and production techniques. As a result, family life education themes have been developed and are expected to be integrated into the curricula of the agricultural training institutes beginning in 1993. In addition, family life education units have been established in the Ministries of Agriculture, Labour, and Information and Broadcasting. The International Labour Organisation (ILO) and the Food and Agriculture Organization of the United Nations (FAO) provided technical assistance to the above areas.

21. In formal education, UNFPA assistance was aimed at integrating population and family life education concepts into the school curriculum. The programme, executed by the United Nations Educational, Scientific and Cultural Organization (UNESCO), has set up a Population Education Unit in the Ministry of Education, with a core staff of 9 nationals supported by 12 writers to assist in curriculum preparation. Draft curricula in population and family life education for primary and secondary school levels were introduced into selected

schools, and teachers' guides and pupils' texts were developed. The assistance also supported the sensitization of school administrators, planners and policy makers on population education while teachers were being trained.

22. The major constraints were delays in the undertaking of baseline research, lack of personnel, ineffectual and unfocused messages, inadequate emphasis of messages on the health benefits of family planning, weak linkages to the family planning service delivery system, inadequate technical and political leadership, and weak coordination.

Data collection and analysis

23. UNFPA support to the 1991 population and housing census assisted the Government in generating up-to-date demographic and socio-economic data for planning and in strengthening institutional capacity and expertise in large-scale data collection, processing and analysis. This assistance supported the training of four senior national officers in sampling, cartography and data processing; the creation of a cartography unit; and the strengthening of the data processing centre in the Government's Central Statistical Office. Consequently, the assistance furthered publication of preliminary census results, processing of census data and production of tabulations on district populations. In-depth analysis of the data is now being undertaken, and reports are expected to be published by 1994. Constraints included the poor state of infrastructure, which created difficulties in local logistical arrangements, slow release of Government counterpart contributions and insufficient national expertise. The United Nations Department of Economic and Social Development (DESD) assisted in project execution.

Population policy formulation

24. UNFPA provided support to assist the Government in developing national expertise and institutional machinery for integrating population factors into development planning at national and district levels, in creating a cohesive framework for planning and coordinating district-level population activities, and in developing an explicit national population policy. Major accomplishments were the establishment of a Population Secretariat (comprising 5 divisions, with a core staff of 7 professionals), establishment of District Population Offices and Population and Development Committees in 11 districts, preparation of a working document on a national population policy, enhanced awareness of the interrelationship of population and development, and improved coordination of district-level population and family planning programmes. Assistance also permitted the training of 8 nationals at the M.A. and diploma levels in the field of population and development. Major constraints were acute shortages of office accommodations, lack of technical support to district offices, poor civil service conditions and the Government's inability to provide its counterpart contribution. The ILO was the executing agency.

Population dynamics

25. UNFPA supported the strengthening of a population research and training programme and related activities to assist the Government in further building its national capacity and improving national expertise in the teaching of demography and population studies at Makerere University. Major accomplishments were the training of two national professionals (Ph.D.) in demography, and one national professional (Ph.D.) in data processing. The former two professionals have already assumed teaching duties at Makerere University; the latter is expected to complete his studies soon. Since the launching of the M.A. programme in 1987-1988, UNFPA assistance has supported the enrolment of a total of 47 students, including 20 females. To date, 4 of 10 graduates at the M.A. level have been recruited by the university as part of its staff development

programme. Other accomplishments included research in population-related activities and the sensitization of several governmental and non-governmental organization (NGO) officials in population and development. Constraints included the difficulty in retaining staff, because of the poor remuneration of professionals; a shortage of library and office space; and the university's limited capacity to provide its counterpart funding for the programme. The assistance was executed by DESD.

Women, population and development

26. UNFPA provided assistance to the women, population and development sector to enhance the capability of the Ministry of Women, Youth and Culture for designing and implementing policies and programmes to help improve women's health conditions and socio-economic status. Because of institutional and administrative constraints, as well as delay in execution of the baseline survey, only the situation-analysis phase of the planned activities was completed. This achievement has resulted in the availability of current data on the demographic and socio-economic status of women in eight districts as well as the initiation of a national data bank on women, population and development. However, two other phases of the assistance -- implementation of pilot action plans and submission of policy recommendations -- remain to be addressed. In support of the above, UNFPA also provided assistance to the Ministry of Agriculture, primarily to enhance the socio-economic status of women through the sale of dairy products and promotion of child-spacing practices. Although this assistance started only in 1991, the necessary preparatory activities, including selection of women participants and strengthening of the institutional framework, have been completed. It is anticipated that core activities could begin in early 1993. Constraints encountered in this sector included insufficient national expertise and office accommodations, and frequent changes among key policy makers in the Ministry of Women, Youth and Culture, which affected its leadership and long-term planning capacity. FAO was the executing agency for this sector.

Other external assistance

27. Uganda has received assistance for population-related programmes from multilateral and bilateral organizations and NGOs. In the health sector, UNICEF has provided assistance for improving the primary health care system, in general, and for carrying out the expanded programme of immunization (EPI), in particular; strengthening the health education unit of the Ministry of Health; developing school health programmes; and preventing AIDS among youth. Other relevant assistance includes the Danish Red Cross programme to supply essential drugs and USAID's Family Health Initiative project, which aims at improving MCH/FP service delivery through provision of contraceptives, promotion of IEC, and support for the operation of 22 family planning clinics. The Family Planning Association of Uganda (FPAU) operates 19 clinics in 15 urban centres with a team of nurses trained in family planning and with field educators/motivators. Missionaries also provide limited MCH/FP services in selected areas of the country. Assistance from the World Bank, the United Kingdom and Italy has covered the rehabilitation of selected health units, health management and the provision of medical services. A Family Health, Population and AIDS project to be supported by the World Bank is being formulated. UNDP and USAID provided complementary financial assistance for data processing of the 1991 census.

28. The above inputs complemented UNFPA assistance in various areas. For example, USAID support for contraceptives and family planning service delivery enabled UNFPA to address other necessary components such as technical advisory services, training, equipment, and contraceptives not provided by USAID. Since FPAU assistance was directed mainly at urban centres, this enabled UNFPA inputs to be directed at some rural areas, thus ensuring wider outreach of family planning services. Similarly, assistance to the census from Norway, UNDP and USAID allowed UNFPA to support other essential census components. UNFPA aims

at further strengthening this collaborative network in its future assistance programme and has accordingly initiated discussions with interested organizations on this issue. Thus, the next programme envisages increased collaboration with UNICEF to permit the integration of family planning into MCH services through the EPI network. USAID's and ODA's proposed support to family planning service delivery in the private sector and in selected districts, respectively, will permit UNFPA assistance to focus on the public sector and in other districts, thus ensuring wider coverage of the population overall. Finally, proposed expansion of the UNFPA-supported programme will benefit from the World Bank-supported programme for rehabilitation of the health infrastructure.

IV. PROPOSED PROGRAMME 1993-1996

29. The proposed programme is based on the Government's objectives in MCH/FP and other sectors, provisions of the Government's National Rehabilitation Development Plan, a working paper on a national population policy, the experience of the second UNFPA country programme, UNFPA's 1991 mid-term review, and the recommendations of the PRSD exercise. As observed by the 1992 PRSD mission, Uganda's implementation of programmes to achieve its population and development objectives has improved significantly. However, owing to the adverse effects of civil strife, the Government's overall capabilities are constrained by acute shortages of skilled manpower and by weak infrastructure.

30. The long-term objectives of the proposed programme are outlined in paragraph 3 above. In pursuit of those objectives, the proposed programme would seek: (a) to improve the availability, accessibility and quality of MCH/FP services in selected major health centres in participating districts; (b) strengthen IEC counselling and family planning services and create closer linkages among IEC, family planning and EPI services; and (c) strengthen advocacy in terms of women and youth concerns and developing action plans to improve the health status of women and adolescents. The programme would also help the Government to develop and adopt a poulation policy. Other objectives would be to sensitize national and community leaders on the interrelationship of population, environment and development and to strengthen the capacity for planning and monitoring population programmes. Among these various objectives, priority would be given to expanding and strengthening family planning services and improving audience-specific IEC activities that are closely linked with efforts to increase the availability and accessibility of family planning services.

31. The programme would support national-level activities in the areas of population policy formulation, contraceptive supply, IEC through the news media, training and research. However, due to budgetary constraints, the programme will be focused in 26 districts, the 13 served in the second country programme and 13 new ones. These 26 districts are estimated to cover 75 per cent of the total population.

Maternal and child health and family planning

32. Assistance to the MCH/FP sector would seek to substantially increase the contraceptive prevalence rate in the 26 districts by improving the quality, availability and accessibility of family planning services. In pursuit of the above goals, the MCH/FP Unit of the Ministry of Health would be assisted in strengthening its information system to monitor the availability and use of family planning services in the respective catchment areas. A baseline survey on the contraceptive prevalence rate would be undertaken to ascertain the factors responsible for the wide disparity between knowledge and practice of family planning and to permit the tailoring of services and IEC accordingly.

33. The overall strategy would involve expanding the current network of 76 UNFPA-supported and government family planning centres in 13 districts to a total of at least 156 service points in 26 districts. This

would ensure that at least partial access to family planning services would be available in 26 of the country's 38 districts. The fuller integration of family planning as well as improvements in supervisory and logistics systems in the service delivery points already providing family planning service delivery would take place while services are extended, under a phased plan, to the additional centres. The additional service points would be selected on the basis of catchment-area populations.

34. To enhance appreciation of the health rationale for family planning, the implementation plan would include targets expressed in terms of the reduction of high-risk births. Since adolescent reproductive behaviour and AIDS have become health and social problems, support would be provided for research and awareness creation, which would serve as the basis for information and services aimed at high-risk groups.

35. In pursuit of the above, the proposed programme would strengthen health management at district, county and sub-county levels. Furthermore, the programme would aim at introducing family planning-related IEC messages into relevant services, especially the EPI programme supported by UNICEF and the Child Survival Plan of Action jointly supported by the Government and UNICEF.

36. To ensure the regular supply of contraceptives, UNFPA would provide part of the requirements and would assist the Government in mobilizing support from assistance agencies and organizations to develop immediate and long-term plans for financing the remaining requirements.

37. The programme would also assist the Mulago General Hospital and the Institute of Public Health in conducting operations research, providing referral services and training participating doctors, nurses and midwives in family planning techniques and in public health. UNFPA would provide a total amount of $6.6 million for the MCH/FP sector, of which $2.6 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

38. In the IEC sector, assistance would be provided to promote responsible parenthood and positive attitudes towards smaller family size. UNFPA would provide assistance for the development of national and district IEC strategies. Elements of these strategies would include: definition of key audiences (women of fertile age, males and youth); research to determine the most appropriate messages for such audiences; the tailoring of messages and presentations to fit district-level conditions; emphasis on the health and personal welfare rationales for family planning; identification of the most appropriate media for conveying the messages to different audiences at the district level; and coordination of IEC efforts with availability of services. Although mass media, particularly the radio, would be used in IEC efforts, it is expected that the programme would rely even more on interpersonal communication, especially by such agents as agricultural extension workers, labour officials and agents of the local Resistance Councils.

39. Expertise developed earlier in the Ministries of Labour, Education, Agriculture, and Information and Broadcasting would be brought to bear on the creation of these programmes. Emphasis would be given to the inclusion of AIDS prevention themes in all messages, the training of those delivering family planning services and other categories of health workers in family planning and AIDS counselling, and the development of messages aimed at increasing male responsibility for, and participation in, family planning. Given the serious threat of AIDS, all health workers would be encouraged to counsel assessment of AIDS risk and contraceptive selection on the basis of risk. Efforts would also be made to ensure that all family planning and AIDS workers present consistent messages on various contraceptive methods, including condoms.

Furthermore, influential leaders would be mobilized to enhance public awareness of population, development and environmental interrelationships.

40. Finally, it is anticipated that population education would be integrated into the curricula of 80 elementary schools and 40 secondary schools located in the 26 districts, as well as into 9 teachers training colleges. It is further expected that the expertise acquired in the second country programme would be used to facilitate a nationwide population education programme. UNFPA would provide a total amount of $3.6 million to the IEC sector, of which $1.8 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

41. The objective of the proposed assistance for data collection and analysis is to avail the Government, by the end of 1994, of reliable demographic data for use in development planning, and to put in place by 1996 a management information system for planning, implementing and monitoring population programmes. To that end, UNFPA would sponsor national capacity-building in the collection, analysis and dissemination of demographic data and in the establishment of a population database at both national and district levels.

42. Support would be directed especially to disaggregating and publishing census data for use in the planning process. Studies on fertility and mortality issues not covered by the 1991 population and housing census would also be encouraged.

43. Support would be given for the preparation of a population database for each district to facilitate micro-level planning of development programmes. In this task, the programme would aim at strengthening the Central Statistics Office's efforts to institutionalize systems for continually monitoring programme impact and providing rapid feedback for policy and programme review. UNFPA would provide a total amount of $600,000 to this sector, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

44. The proposed UNFPA assistance for population policy formulation is aimed primarily at the creation, by 1996, of a national population policy and a policy implementation plan; integration of population considerations into national and district development plans; and improved national capacity and expertise for designing, implementing and managing population programmes. The planned strategy would be to promote awareness of the benefits of a population policy and programme, particularly of the direct benefits to family welfare and personal health; to establish population data as the basis for development planning; and to provide the necessary institutional framework for integrating population factors into the planning process. Thus, the programme would support sensitization workshops at national and subnational levels to explain the rationale for a population policy and to consider the public's views on policy content.

45. Support would also assist planners in preparing a strategy with measurable targets to guide the policy's implementation. In this regard, support would be provided for enhancing the capabilities of the national Population Secretariat and planning units of sectoral ministries for integrating policy provisions into national and sectoral development plans. The support would also strengthen the capacity of the Population Secretariat in coordinating and monitoring implementation of the policy, identifying national priority needs and in advising the proposed inter-ministerial national population council on the country's population situation.

46. At the district level, the proposed programme would continue to assist the participating district development authorities in using the census database to formulate an intersectoral district population programme and in harnessing available resources to meet overall district and national goals. UNFPA would provide a total amount of $1.3 million to this sector, of which $600,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

47. The proposed assistance in the area of population dynamics would seek to enhance the capacity of the Institute of Statistics and Applied Economics of Makerere University in demographic training and related research in the field of population. To help develop long-term sustainability, UNFPA would support training in population studies locally for two professionals, at the Ph.D. level. It would also support continuation of the M.A. programme. To enhance expertise in the integration of population factors into planning at sectoral levels, short courses on population and development planning would be mounted on an ad hoc basis for sector planning officers and other officials, as necessary. UNFPA would provide a total amount of $500,000 for this sector.

Women, population and development

48. The proposed assistance for women, population and development would seek to complement inputs from other external assistance agencies and organizations aimed at improving the socio-economic and health status of women. It would stimulate policy formulation through the provision of data on women's health and socio-economic status. Such information would be valuable for planning, implementing and monitoring population and other sectoral activities, as well as for sensitizing key leaders and policy makers on the needs of Ugandan women.

49. Assistance would also be provided for the review of available data on existing sociocultural and legal constraints to women's advancement. Further assistance would be provided to strengthen the institutional capacity of the Ministry of Women, Youth and Culture for a greater advocacy role, for policy formulation, for implementation and coordination, for publication and dissemination of results of research on gender policy and programme issues, and for the mobilization of existing networks to help women and girls improve their reproductive health. UNFPA would provide a total amount of $1 million to this sector, of which $600,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

50. An amount of $400,000 has been set aside as a reserve to cover unforeseen needs that may be developed within the context of the proposed programme.

Programme coordination

51. In its capacity as secretariat of the proposed national population council and as coordinator of the national population policy and programme, the Population Secretariat of the Ministry of Finance and Economic Planning would review and update population policy goals; design a national implementation plan; mobilize resources and ensure their flow to priority activities; and coordinate implementation of sectoral ministries, institutions and NGOs to ensure complementarity and assess programme impact. The proposed programme aims at strengthening the secretariat's capacity for meeting these responsibilities.

52. UNFPA would continue its coordination of inputs in the population area from external assistance agencies and organizations through regular inter-agency consultations. The Joint Consultative Group on Policy (JCGP) would provide a forum for coordinating the related activities of the member agencies of the United Nations system.

Programme monitoring, evaluation and management

53. Programme implementation would be monitored, in addition to the above-noted mechanisms, through provisions of the UNFPA Project Management Plan. Each project would be supported by gathering baseline data and incorporating built-in evaluation mechanisms. UNFPA would undertake a mid-term review of the programme at the end of 1994 and a full evaluation in 1996. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Addis Ababa, Ethiopia.

Financial summary

54. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $14 million over the four-year period 1993-1996, of which $8 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $6 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	4,000,000	2,600,000	6,600,000
Information, education and communication	1,800,000	1,800,000	3,600,000
Data collection and analysis	200,000	400,000	600,000
Population policy formulation	700,000	600,000	1,300,000
Population dynamics	500,000		500,000
Women, population and development	400,000	600,000	1,000,000
Programme reserve	400,000		400,000
TOTAL	8,000,000	6,000,000	14,000,000

V. RECOMMENDATION

55. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Uganda in the amount of $14 million for the four-year period 1993-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $8 million from UNFPA's regular resources, over the period 1993-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $6 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Uganda and with the executing agencies.